Initial Approval: April 10, 2019

CRITERIA FOR PRIOR AUTHORIZATION

Hemlibra® (Emicizumab-kxwh)

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: All dosage forms of the medications listed below will require prior authorization.
Emicizumab-kxwh (Hemlibra®)

CRITERIA FOR APPROVAL (must meet all of the following):

- Patient must have a diagnosis of hemophilia A (congenital factor VIII deficiency)
- Request must be for use in routine prophylaxis to reduce the frequency of bleeding episodes
- Dose must not exceed the recommended dosing listed below:
  - Initial/Loading Dosing: 3 mg/kg once weekly for 4 weeks
  - Maintenance Dosing (one of the following):
    - 1.5 mg/kg once weekly
    - 3 mg/kg once every two weeks
    - 6 mg/kg once every 4 weeks
- The patient must not be receiving bypassing agents for prophylactic use when initiating therapy with emicizumab-kwxh
- Provider attests that the patient will not receive factor VIII (FVIII) products for prophylactic use after the first week of treatment with emicizumab-kwxh

LENGTH OF APPROVAL (INITIAL AND RENEWAL): 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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